

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 SEP 21 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000007472

1. Corporation Name

All Metro Emergency Response Systems, Inc.

**REINSTATEMENT** 06-07  
**REINSTATEMENT**  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
50 Broadway

3. Mailing Office Address  
50 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn.: Seth J. Shapiro

City & State  
Lynbrook, New York

City & State  
Lynbrook, New York

Zip  
11563

Country  
US

Zip  
11563

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2005

5. FEI Number  
13-4312217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C T Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code  
33324

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COO	Martin L. Cohen	50 Broadway	Lynbrook / NY / 11563
CFO	David P. Middleton	50 Broadway	Lynbrook / NY / 11563
EVP	James T. Watson	50 Broadway	Lynbrook / NY / 11563
VP	Catherine M. Kelly	50 Broadway	Lynbrook / NY / 11563
VP/Secretary	Seth J. Shapiro	50 Broadway	Lynbrook / NY / 11563

700108757567  
09/21/07--01024--009 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth J. Shapiro

September 19, 2007 (516) 750-9135

Date

Daytime Phone #